Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

Adult Household Member with No-Income Form

Please fill out a separate form for each household member (including the primary applicant) with no income who is 18 years old or older.

Applicant Name:	Application Number: To be filled out by Community Action Agency	
Household member's name:		
Address:		
City:	State:	Zip:
Phone Number:		

	Yes	No
Do you have income?	☐	☐
Are you currently a full-time student?	☐	☐
If yes, name of school:		

Please describe how you are meeting your basic needs (shelter, food, clothing, etc).

Attestation:
Under penalty of perjury, I certify that all the information provided in this form is true and accurate. I understand that I am breaking the law if I give false or misleading information and can be punished under federal law, state law or both. My benefits may also be denied.

Household Member Signature _____ Date _____